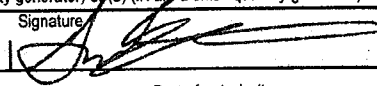
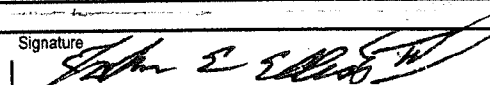
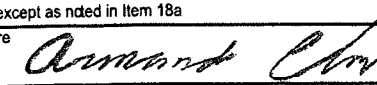


Please print or type.

Form Approved. OMB No. 2050-0039

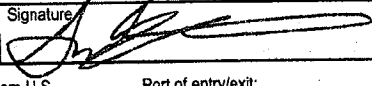
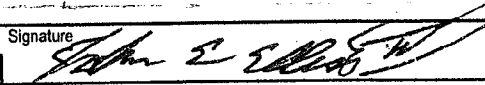

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>WAD980738546</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>See Block 14 below</b>	4. Manifest Tracking Number <b>019230295 JJK</b>		
5. Generator's Name and Mailing Address <b>Alaskan Copper Works P.O. Box 3546 Seattle, WA 98124-3546</b>				Generator's Site Address (if different than mailing address) <b>Alaskan Copper Works 3200 Sixth Avenue South Seattle, WA 98124-3546</b>			
Generator's Phone: <b>206-382-8379</b>				U.S. EPA ID Number <b>4LR 000007237</b>			
6. Transporter 1 Company Name <b>ACTION RESOURCES INC</b>				U.S. EPA ID Number			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>World Resources Company 8113 West Sherman Street Tolleson, AZ 85353</b>				U.S. EPA ID Number <b>AZD980735500</b>			
Facility's Phone: <b>(602) 233 9166</b>							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. <b>RQ, NA3077, Hazardous waste, solid, n.o.s. (F006), 9. III</b>	<b>φφ1</b>	<b>CF</b>	<b>1703</b>	<b>P</b>	<b>F006</b>
		2.					
		3.					
	4.						
14. Special Handling Instructions and Additional Information <b>Actual Weight Rece: P.O.# M142885</b>				<b>EMERGENCY CONTACT</b> Call INFOTRAC at: 1-800-535-5053 Use company name "World Resources Company"			
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Gerard A Thompson</b>				Signature 		Month Day Year <b>12/17/18</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>JOHN E. ELKISS</b>				Signature 		Month Day Year <b>12/17/18</b>	
Transporter 2 Printed/Typed Name <b>[Signature]</b>				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:						U.S. EPA ID Number	
18b. Alternate Facility (or Generator)							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H010</b>		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <b>Armando Chavez</b>				Signature 		Month Day Year <b>12/21/18</b>	

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR

AKC-0015905

Please print or type.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>WAD980738546</b>		2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>See Block 14 below</b>		4. Manifest Tracking Number <b>019230295 JJK</b>	
		5. Generator's Name and Mailing Address <b>Alaskan Copper Works P.O. Box 3546 Seattle, WA 98124-3546</b>		Generator's Phone: <b>206-382-8379</b>		Generator's Site Address (if different than mailing address) <b>Alaskan Copper Works 3200 Sixth Avenue South Seattle, WA 98124-3546</b>		
6. Transporter 1 Company Name <b>ACTION RESOURCES INC</b>		U.S. EPA ID Number <b>4LR 000007237</b>		7. Transporter 2 Company Name		U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>World Resources Company 8113 West Sherman Street Tolleson, AZ 85353</b>		Phone: <b>(602) 233 9166</b>		U.S. EPA ID Number <b>AZD980735500</b>				
Facility's Phone:								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. <b>RQ, NA3077, Hazardous waste, solid, n.o.s. (F006), 9, III</b>			<b>001 CF</b>		<b>1703</b>	<b>P</b>	<b>F006</b>
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information <b>Actual Weight Received - 1621 Lbs. P.O.# M142885</b>				<b>EMERGENCY CONTACT</b> Call INFOTRAC at: 1-800-535-5053 Use company name "World Resources Company"				
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name <b>Gerard A Thompson</b>				Signature 		Month Day Year <b>12/17/18</b>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.				Port of entry/exit: Date leaving U.S.:				
Transporter signature (for exports only):								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name <b>JOHN E. ELIASS</b>				Signature 		Month Day Year <b>12/17/18</b>		
Transporter 2 Printed/Typed Name				Signature		Month Day Year		
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				Manifest Reference Number:				
18b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)				Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H010</b>		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name <b>Armando Chavez</b>				Signature 		Month Day Year <b>12/21/18</b>		

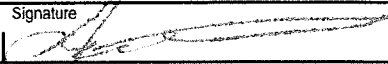

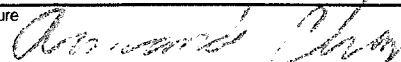
<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>WAD980738546</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>See Block 14 below</b>	4. Manifest Tracking Number <b>008364110 JJK</b>	
5. Generator's Name and Mailing Address <b>Alaskan Copper Works 3200 Sixth Avenue South Seattle, WA 98124</b> Generator's Phone: <b>206-382-8379</b>						
6. Transporter 1 Company Name <b>Active Resources</b>						
7. Transporter 2 Company Name						
8. Designated Facility Name and Site Address <b>World Resources Company 8113 West Sherman Street Tolleson, AZ 85353</b> Facility's Phone: <b>(602) 233 9166</b>						
9. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))						
9a. HM		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
1. <b>X</b> <b>RO, NA3077, Hazardous waste, solid, n.o.s. (F006), 9, III</b>		<b>001</b>	<b>CF</b>	<b>1140</b>	<b>P</b>	<b>F006</b>
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information <b>Actual weight Received - 1,058 Lbs. P.O.# M142397</b>						
<b>EMERGENCY CONTACT</b> Call INFOTRAC at: 1-800-535-5053 Use company name "World Resources Company"						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name <b>MARC BRUNTZ</b>						
Signature <i>Marc Bruntz</i>						
Month Day Year <b>9 5 18</b>						
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Russ Miller</b>						
Signature <i>Russ Miller</i>						
Month Day Year <b>9 5 18</b>						
Transporter 2 Printed/Typed Name						
Signature						
Month Day Year						
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						
Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. <b>H010</b>		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name <b>Armando Chavez</b>						
Signature <i>Armando Chavez</i>						
Month Day Year <b>9 12 18</b>						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>WAD880738546</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>See Block 14 below</b>	4. Manifest Tracking Number <b>016726445 JJK</b>	
5. Generator's Name and Mailing Address <b>Alaskan Copper Works P.O. Box 3546 Seattle, WA 98124-3546</b>			Generator's Site Address (if different than mailing address) <b>Alaskan Copper Works 3200 Sixth Avenue South Seattle, WA 98124-3546</b>			
Generator's Phone: <b>206-382-8370</b>						
6. Transporter 1 Company Name <b>Action Resources</b>			U.S. EPA ID Number <b>ALR000067237</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>World Resources Company 8113 West Sherman Street Tucson, AZ 85353</b>			U.S. EPA ID Number <b>AZD980705500</b>			
Facility's Phone: <b>(602) 233 9166</b>						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	<b>X</b>	<b>1. RQ, NA3077, Hazardous waste, solid, n.e.s. (F006), 9, III</b>	<b>001</b>	<b>CF</b>	<b>1396</b>	<b>P</b>
		<b>2.</b>				
		<b>3.</b>				
	<b>4.</b>					
14. Special Handling Instructions and Additional Information <b>Actual weight received - 1,301 Lbs. P.O.# M141953</b>						
<b>EMERGENCY CONTACT</b> <b>Call INFOTRAC at: 1-800-535-5053</b> <b>Use company name "World Resources Company"</b>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name <b>GERARD THOMPSON</b>			Signature		Month <b>6</b>	Day <b>8</b>
					Year <b>18</b>	
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	Transporter signature (for exports only): _____					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name <b>Robert R. Romine</b>			Signature <b>[Signature]</b>		Month <b>6</b>
					Year <b>18</b>	
Transporter 2 Printed/Typed Name			Signature		Month	Day
					Year	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	Manifest Reference Number: _____					
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number		
	Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator)					Month	Day
					Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. <b>H010</b>		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <b>Armando Chavez</b>			Signature <b>[Signature]</b>		Month <b>6</b>	Day <b>11</b>
					Year <b>18</b>	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number WAD980738548	2. Page 1 of 1	3. Emergency Response Phone (877) 577-2669	4. Manifest Tracking Number <b>000197356 DAT</b>		
5. Generator's Name and Mailing Address <b>ALASKAN COPPER WORKS ATTN JERR Y THOMPSON P.O. Box 3516 Seattle WA 98124 (206) 382-8379</b>				Generator's Site Address (if different than mailing address) <b>ALASKAN COPPER WORKS 628 S HANFORD SEATTLE WA 98134</b>			
6. Transporter 1 Company Name <b>Stericycle Specialty Waste Solutions Inc</b>					U.S. EPA ID Number <b>MNS000110924</b>		
7. Transporter 2 Company Name					U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>BURLINGTON ENVIRONMENTAL, LLC. TACOMA PLANT 1701 East Alexander Avenue TACOMA, WA 98421 (253) 627-7568</b>					U.S. EPA ID Number <b>WAD020257945</b>		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. <b>UN1993 WASTE FLAMMABLE LIQUIDS, N.O.S. (PETROLEUM DISTILLATES, XYLENE) 3 PGII RO(D001)</b>	1	DM	80	P	D001
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information <b>(1) 105007-11 - ERG(120) AEROSOL CAN WASTE</b>							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name <b>Vince Erickson</b>				Signature <i>Vince Erickson</i>		Month Day Year <b>12/23/18</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>Theodore Abbill</b>				Signature <i>Theodore Abbill</i>		Month Day Year <b>12/23/18</b>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <b>H001</b>		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name <b>Cathy Weedon</b>				Signature <i>Cathy Weedon</i>		Month Day Year <b>12/27/18</b>	

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>WAD980738546</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>See Block 14 below</b>		4. Manifest Tracking Number <b>008364109 JJK</b>		
		5. Generator's Name and Mailing Address <b>Alaskan Copper Works 3200 Sixth Avenue South Seattle, WA 98124</b> Generator's Phone: <b>206-382-8378</b>								
6. Transporter 1 Company Name <b>ACTON RESOURCES</b>		U.S. EPA ID Number <b>AZR000007237</b>								
7. Transporter 2 Company Name		U.S. EPA ID Number								
8. Designated Facility Name and Site Address <b>World Resources Company 8113 West Sherman Street Tolleson, AZ 85353</b> Facility's Phone: <b>(602) 233 8166</b>		U.S. EPA ID Number <b>AZD980785500</b>								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
						No.	Type			
	X	1. <b>RQ, NA3077, Hazardous waste, solid, n.o.s. (F006), 9, III</b>				<b>φφ1</b>	<b>CF</b>	<b>1121</b>	<b>P</b>	<b>F006</b>
		2.								
		3.								
		4.								
14. Special Handling Instructions and Additional Information <b>Actual weight received - 1040 Lbs PQ M141373</b>										
<b>EMERGENCY CONTACT</b> Call INFOTRAC at: 1-800-535-5053 Use company name "World Resources Company"										
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name <b>Gordon Thompson</b>					Signature 			Month Day Year <b>2 22 18</b>		
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name <b>NATHAN DOXSEE</b>					Signature 			Month Day Year <b>2 22 18</b>	
	Transporter 2 Printed/Typed Name					Signature			Month Day Year	
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____									
	Facility's Phone: _____									
	18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. <b>H010</b>		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name <b>Armando Chavez</b>					Signature 			Month Day Year <b>2 26 18</b>		

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FEB 16 '18 AM 9:16

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number WAD980738546	2. Page 1 of 1	3. Emergency Response Phone (877) 577-2669	4. Manifest Tracking Number 000197242 DAT		
5. Generator's Name and Mailing Address ALASKAN COPPER WORKS ATTN JERR Y THOMPSON P.O. Box 3546 Generator's Phone: Seattle WA 98174 (206)382-8379		Generator's Site Address (if different than mailing address) ALASKAN COPPER WORKS 628 S HANFORD SEATTLE WA 98134					
6. Transporter 1 Company Name Stericycle Specialty Waste Solutions Inc		U.S. EPA ID Number MMS000110924					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address BURLINGTON ENVIRONMENTAL, LLC. TACOMA PLANT 1701 East Alexander Avenue Facility's Phone: TACOMA, WA 98621 (253) 627-7568		U.S. EPA ID Number WAD020257945					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
1. RC	HA3002 HAZARDOUS WASTE, LIQUID, N.O.S. (D007) 9 PGIII RO(18LBS)	1	TT	881	G	D007	
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information (1) 797535-01 - ERG(171) OAKITE WASH WATER P.O. #m 141051							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offero's Printed/Typed Name Gerald Thompson				Signature 		Month Day Year 02/16/18	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Dan Parrish				Signature 		Month Day Year 02/16/18	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H070		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Tiffany Hosmer				Signature 		Month Day Year 12/16/18	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cushman Insurance Agency, Inc. (All Other) DRC Insurance Agency, Inc. (Truckers/Pollution) 773 Station Street Herndon VA 20170		<b>CONTACT NAME:</b> Carla Liberty <b>PHONE (A/C, No, Ext):</b> (703)464-5727 <b>E-MAIL ADDRESS:</b> cliberty@drcagency.com <b>FAX (A/C, No):</b> (703)774-3404															
<b>INSURED</b> World Resources Company PO BOX 7460 Jackson WY 83002		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Valley Forge Ins Co</td><td>20508</td></tr><tr><td>INSURER B : St. Paul Fire &amp; Marine Ins. Co</td><td>24767</td></tr><tr><td>INSURER C : Transportation Ins Co</td><td>20494</td></tr><tr><td>INSURER D : Chubb Custom</td><td></td></tr><tr><td>INSURER E : Arch Insurance Co.</td><td>Truckers</td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Valley Forge Ins Co	20508	INSURER B : St. Paul Fire & Marine Ins. Co	24767	INSURER C : Transportation Ins Co	20494	INSURER D : Chubb Custom		INSURER E : Arch Insurance Co.	Truckers	INSURER F :	
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INSURER E : Arch Insurance Co.	Truckers																
INSURER F :																	


**COVERAGES****CERTIFICATE NUMBER:** CL1813014614**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Blanket Additional Insured  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2075845509	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Stopgap \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS 90 End <input checked="" type="checkbox"/> Truckers-pg2			2075845512	02/01/2018	02/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-12R85286-18-NF	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	4020529262	02/01/2018	02/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Pollution Liability			37250705	02/01/2013	02/01/2016	\$10,000,000 Occurrence \$40,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Alaskan Copper Works P.O. Box 3546  Seattle WA 98124-3546	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## COMMENTS/REMARKS

Truckers Policy #FCBAT0061312  
Carrier: Arch Insurance Co. (Co. E on Front of Certificate)  
Effective: 02/01/2018 to 02/01/2019  
Liability Limit: \$1,000,000

OFREMARK

COPYRIGHT 2000, AMS SERVICES INC.

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>EXE</b>	Manifest Doc. No. <b>394243-18</b>	2. Page 1 of 1
3. Generator's Name and Mailing Address <b>Washington State Department of Ecology 4700 Colorado Ave S SEATTLE WA 98134 (253)835-6409</b>				
4. Generator's Phone (				
5. Transporter 1 Company Name <b>CASCADE DRILLING</b>		6. US EPA ID Number <b>CESQG</b>	A. Transporter's Phone <b>(425)485-8908</b>	
7. Transporter 2 Company Name <b>Stericycle Specialty Waste</b>		8. US EPA ID Number <b>MNS000110924</b>	B. Transporter's Phone <b>(612)285-9865</b>	
9. Designated Facility Name and Site Address <b>BURLINGTON ENVIRONMENTAL, LLC. 1701 East Alexander Avenue TACOMA, WA 98421</b>		10. US EPA ID Number <b>WAD020257945</b>	C. Facility's Phone <b>(253) 627-7568</b>	
11. Waste Shipping Name and Description	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. <b>MATERIAL NOT REGULATED BY DOT (NON-HAZARDOUS)</b>	<b>2</b>	<b>DM</b>	<b>600</b>	<b>P</b>
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above <b>a) 981882-00 - NON-HAZARDOUS WASTE LIQUID - WAT05 (1)</b>		E. Handling Codes for Wastes Listed Above <b>H141</b>		
15. Special Handling Instructions and Additional Information <b>1x55 1x20</b>				
16. GENERATOR'S CERTIFICATION: "I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations." I also certify that all times listed above are true and correct.				
Printed/Typed Name <b>Tamara Cardona (for Ecology)</b>		Signature <i>T. Cardona</i>		Month Day Year <b>1/01/18</b>
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name <b>Cody Henderson</b>		Signature <i>Cody Henderson</i>		Month Day Year <b>1/01/18</b>
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.				
Printed/Typed Name <b>Kevin Quintana</b>		Signature <i>Kevin Quintana</i>		Month Day Year <b>1/01/18</b>

ORIGINAL - RETURN TO GENERATOR